MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04492

4509 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) C. (Last) Bryan

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: Dec. 24 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alexander Bryan
14. MOTHER'S MAIDEN NAME: Ella Clozett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Josephine Beall, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 204.4

Immediate cause (a) Leukemia — INTERVAL BETWEEN ONSET AND DEATH 4-10-54

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1954, to 5-8, 1954, that I last saw the deceased alive on 5-7, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE C. Edelen (DEGREE OR TITLE) MD ADDRESS La Plata Md DATE SIGNED 5-8-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/11/54
NAME OF CEMETERY OR CREMATORY Bumpy Oak
LOCATION (City, town, or county) (State) Pomonkey Md

DATE REC'D BY LOCAL REG. 5/10/54
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt + Ryan, Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 13 1954
BUREAU V. S.

9:30 monday

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04493

4510

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

COUNTY: CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LA PLATA

LENGTH OF STAY (in this place): LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS: PHYSICIANS' MEMORIAL HOSPITAL: LA PLATA, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~LA PLATA~~ BENEDICT

STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) STEVEN (Middle) VICTOR (Last) COMPY.

4. DATE OF DEATH: (Month) MAY (Day) 8 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE-US.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: APRIL 16, 1954

9. AGE last birthday: yrs.

IF UNDER 1 YEAR: Months — Days 22

IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ELVIN Z. W. COMPY

14. MOTHER'S MAIDEN NAME: MONICA PADELSKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MR. E. Z. W. COMPY BENEDICT, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
776X Immediate cause	(a) ACUTE MYOCARDITIS	2 HOURS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) PREMATURITY (8 MONTHS)	22 DAYS.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from APRIL 16, 1954, to MAY 8, 1954, that I last saw the deceased alive on MAY 8, 1954, and that death occurred at 11:45 P. EST m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John H. Griffin M.D. HUGHESVILLE, MD. 5/9/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 10 1954

NAME OF CEMETERY OR CREMATORY: St. Mary's

LOCATION (City, Town, or county) (State): Bryantown, Md.

DATE REC'D BY LOCAL REG.: 5/10/54

REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS: Hunt & Ryon, Waldorf, Md.

2044394362

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04494

4511

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Edelen

4. DATE OF DEATH: (Month) (Day) (Year) May 19 1954

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 5-18-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 2 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Franklin Edelen

14. MOTHER'S MAIDEN NAME: Mary Estelle Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John F. Edelen, Spring Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 761.5

Immediate cause (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

DUE TO

Antecedent cause(s) (b) Prematurity. (7 mos preg)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Prolapsed Cord, labor induced.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 May 1954 to 19 May 1954, that I last saw the deceased alive on 14 May 1954, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

SIGNATURE S Woody (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 19 May 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/20/54

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 5/20/54

REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR John Franklin Edelen, Father ADDRESS

2054212322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04495

4512

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lillian	P.	Williamson Hamilton	May	19	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	M	12-18-1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Washington D.C	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank A. Herrill	Carry E. Steadman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
No	—	Milton Hamilton, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Diabetic Coma	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Diabetes Mellitus	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1954 to May 19, 1954, that I last saw the deceased alive on May 19, 1954, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

SIGNATURE Richard Daly, M.D. (DEGREE OR TITLE) ADDRESS La Plata, Md. DATE SIGNED 5/19/54

23. BURIAL, CREMATION REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/22/54	Cedar Hill	Quitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/19/54	Julia H. Posey	Huntt & Ryon	Waldorf, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4513

Reg. Dist. No. 04496 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Pinellas Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Petersburg 48X-3
STREET ADDRESS (If rural, give location) 1626-21 Ave Nash

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Finley (Last) Harp

4. DATE OF DEATH: (Month) (Day) (Year) 5-23-54 19

5. SEX: Male
6. COLOR OR RACE: W-US
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Widowed
8. DATE OF BIRTH: 9-22-77
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): WILKESBORO, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American
16. SOCIAL SECURITY NO.: 262-50-01-54
17. INFORMANT & ADDRESS: Mrs C.W. Johnson Marshall Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 30 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypertension — Indefinite

DUE TO (c) Cerebro Sclerosis — Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1954 to 5-23, 1954 that I last saw the deceased alive on 5-23, 1954 and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE James E Andrews (DEGREE OR TITLE) ADDRESS Indian Head Md DATE SIGNED 5-23-54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ ~~(Specify)~~: BURIAL DATE THEREOF May 28, 1954 NAME OF CEMETERY ~~OR CREMATORY~~ Memorial Park Cemetery LOCATION (City, town, or county) St. Petersburg, (State) Florida

DATE REC'D BY LOCAL REG. May 25" 1954 REGISTRAR'S SIGNATURE ~~Mrs. Jas. Severe~~ Deputy Reg. Mrs Odey Price mnt.
24. FUNERAL DIRECTOR W. W. CHAMBERS, ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

RECEIVED
MAY 27 1954
BUREAU V. S.

WA 7.221

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04497

4514 CERTIFICATE OF DEATH Reg. Dist. No. 109

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Gertrude (Last) Lyon

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 26 1889 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Self | 11. BIRTHPLACE (State or foreign country): U.S.A. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew H. Irwin | 14. MOTHER'S MAIDEN NAME: Elizabeth Robey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: John A. Lyon, Waldorf, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 6 Mo.

Immediate cause (a) 170 X Carcinomatosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Left Breast DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1954 to May 16, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 6:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. | ADDRESS Waldorf Md. | DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/18/54 | NAME OF CEMETERY OR CREMATORY St. Thomas | LOCATION (City, town, or county) Bel Alton | (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-8-54 | REGISTRAR'S SIGNATURE M. D. Thomas | 24. FUNERAL DIRECTOR Arthur Lyon | ADDRESS Waldorf, Md.

VS. A15

RECEIVED
MAY 11 1954
BUREAU V. S.

4515

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04498

Reg. Dist. No. 10-0

1. PLACE OF DEATH: COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md — MARYLAND — LENGTH OF STAY (In this place) x — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) M (Last) NEALE

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 54

5. SEX: M — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: 9-26-23 — 9. AGE (last birthday): 30 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Chas Co — 12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Joseph NEALE — 14. MOTHER'S MAIDEN NAME: MARIE THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ? — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Louise Neale La Plata

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) AVITAMINOSIS — 3 mos.

Antecedent cause (b) ALCOHOLISM

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PELLAGRA

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [✓], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [✓], accident [ ], suicide [ ], homicide [ ], undetermined [ ]*

SIGNATURE C. F. Adelen (Degree or title) MD — ADDRESS La Plata Md — DATE SIGNED 5-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/25/54 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) La Plata Md

DATE REC'D BY LOCAL REG. 5/25/54 — REGISTRAR'S SIGNATURE Julia H. Perry — 24. FUNERAL DIRECTOR Grimm & Bryan — ADDRESS Encorafia

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04499

4516

CERTIFICATE OF DEATH

Reg. Dist. No. 1cd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La PLATA
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton 16 X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) R. (Last) Richards

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 11, 1916

9. AGE Last birthday: 37 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Bontz Nothy

14. MOTHER'S MAIDEN NAME: Margaret Knot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John Owen Richards Clinton, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — 681X
(a) SEPTICEMIA DUE TO E. COLI ORGANISMS — Interval between onset and death: 5 DAYS

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(b) GENERALIZED PERITONITIS DUE TO E. COLI — 5 DAYS
DUE TO
(c) INTRAUTERINE CELLULITIS DUE TO E. COLI — 7 DAYS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-19-54
19b. MAJOR FINDINGS OF OPERATION: CAESARIAN SECTION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1954, to 5-25, 1954, that I last saw the deceased alive on 5-25, 1954, and that death occurred at 6:30 AM EST, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Farran Jarboe M.D. ADDRESS La Plata, Md DATE SIGNED 5-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/27/54
NAME OF CEMETERY OR CREMATORY St. Paul's Episcopal
LOCATION (City, town, or county) (State) Baden Maryland

DATE REC'D BY LOCAL REG. 5/31/54
REGISTRAR'S SIGNATURE Julia H. Vasey

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md

RECEIVED
JUN 3 1954
BUREAU V, S

MARYLAND STATE DEPARTMENT OF HEALTH

04500

4517

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Simmons

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Old

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: ?

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Life Tiller

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tricamuden Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Simmons

14. MOTHER'S MAIDEN NAME: Mary Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Bessie L. Simmons.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Old age Heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954 to May 31, 1954 that I last saw the deceased alive on May 30, 1954, and that death occurred at 12.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Bicknell M.D. ADDRESS DATE SIGNED 5/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6-2-54 | NAME OF CEMETERY OR CREMATORY St. Charles | LOCATION (City, town, or county) Glymont, (State) Md.

DATE REC'D BY LOCAL REG. 6-31-54 | REGISTRAR'S SIGNATURE Mary Southerland

24. FUNERAL DIRECTOR Barnes & Mathews ADDRESS Wash, D C.

VS. A15

RECEIVED
JUN 3 1954
BUREAU V. S.

05487

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4518

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) A. (Last) TOLSON

4. DATE OF DEATH: (Month) MAY (Day) 31 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: March 1877

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mason Banks

14. MOTHER'S MAIDEN NAME: Georgenna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Robert Tolson, Hughesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) HYPERTENSIVE CARDIO VASCULAR DISEASE (CARDIAC FAILURE)	3 WEEKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ESSENTIAL HYPERTENSION	10 YEARS
	(c) GENERALIZED ARTERIO-SCLEROSIS	5 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to May, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE John N. Griffin (DEGREE OR TITLE) M.D. ADDRESS Hughesville, Md. DATE SIGNED June 2, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/3/54 — NAME OF CEMETERY OR CREMATORY Wesley M E — LOCATION (City, town, or county) (State) Aquasco, Md.

DATE REC'D BY LOCAL REG. 6/3/54 — REGISTRAR'S SIGNATURE Julia H. Carey

24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf, Md.

RECEIVED
JUN 9 1954
BUREAU V. S.

Film #G167 Item # 8
6/21/54 emf

04501

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4519

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mrs Ollie (Middle) J. (Last) WISE

4. DATE OF DEATH: (Month) MAY (Day) 9 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 9-21-1870

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Kirby

14. MOTHER'S MAIDEN NAME: Fannie L. Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mary Pargley Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Respiratory collapse — Interval Between Onset and Death: 10 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral vascular accident — 14 days.

DUE TO

(c) Arteriosclerosis. — 4 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to May 9, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 2:00 P.M. EDT, from the causes and on the date stated above.

SIGNATURE: D. Woodley. (DEGREE OR TITLE) MD ADDRESS La Plata Md. DATE SIGNED: 9 May 54.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 5/12/54 — NAME OF CEMETERY OR CREMATORY: The Brethren Church — LOCATION (City, town, or county) (State): Buena Vista Va

DATE REC'D BY LOCAL REG.: 5-11-54 — REGISTRAR'S SIGNATURE: M. L. Howard

24. FUNERAL DIRECTOR — ADDRESS: Hewitt & Ryon Waldorf Md

RECEIVED
MAY 12 1954
BUREAU V. S.

4520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04502

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey
LENGTH OF STAY (in this place): 79 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) Eliza (Last) Yates

4. DATE OF DEATH: (Month) 5-1-54 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-15-74

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Charles County, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Campbell

14. MOTHER'S MAIDEN NAME: Ann Meck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Emma Stepney (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 14-Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Malignant — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-50, 19..., to 5-1-54, 19..., that I last saw the deceased alive on 5-1-54, 19..., and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): [signature]

ADDRESS: Indian Head Md.

DATE SIGNED: 5-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 4 1954

NAME OF CEMETERY OR CREMATORY: St. Charles

LOCATION (City, town, or county) (State): Indian Head Md.

DATE REC'D BY LOCAL REG. 5/4/54

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Hunt & Ryon, Waldorf, Md.

ADDRESS:

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1954
BUREAU V. S.

Film#G166 Item# 14
5/17/54 e mf

4521

MARYLAND STATE DEPARTMENT OF HEALTH

04503

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural (Benedict) — LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) LeROY (Last) YOUNG
4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 1954
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 4-2-01
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: JOHN YOUNG
14. MOTHER'S MAIDEN NAME: HENRIETTA Sewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Grace Young, Benedict, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — 5-7-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. J. Adelen MD (Degree or title) — ADDRESS: La Plata Md — DATE SIGNED: 5-7-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/10/54 — NAME OF CEMETERY OR CREMATORY: St Marys — LOCATION (City, town, or county) (State): Bryantown Md

DATE REC'D BY LOCAL REG.: 5/10/54 — REGISTRAR'S SIGNATURE: Julia H Casey — 24. FUNERAL DIRECTOR: Hurtt & Ryan Waldorf Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 12 1954
BUREAU V. S.